PHP40
CLINICAL TRIAL TRENDS IN LATIN AMERICA: COMMUNICABLE VERSUS NON-COMMUNICABLE DISEASE
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OBJECTIVES: Following the recent economic growth in Latin America, this analysis was undertaken to analyse the corresponding shift in healthcare trends, by examining the number of clinical trials being conducted in the region and their changing focus on non-communicable and communicable diseases. **METHODS:** ClinicalTrials.gov was searched in March 2015 for all trials with a study start date from January 2000 to December 2014 in five Latin American countries: Brazil, Chile, Colombia, Mexico and Peru. Studies were classified as either communicable or non-communicable according to the World Health Organization International Classification of Disease-10 (WHO ICD-10), with studies that did not focus on disease or illness excluded. **RESULTS:** Between the five selected Latin American countries there were a total of 8,847 relevant studies identified, 46.3% of which originated from Brazil. Over the entire time period from 2000 to 2014, 89.3% of studies were concerning non-communicable diseases such as cancer, cardiovascular disease and musculoskeletal disorders, whilst 10.7% focused on communicable diseases. An analysis over time saw a trend of an increasing proportion of trials in non-communicable diseases and a fall in the proportion of studies in communicable diseases. In 2000, non-communicable diseases accounted for 77.8% of studies, compared with 22.2% in communicable diseases, however by 2014 these percentages were 93.4% and 6.6%, respectively. There were 711 unique studies across the countries in communicable disease; 24.9% of these were in HIV/AIDs, one of the most deadly, infectious diseases in the region, responsible for approximately 7.2 deaths per 100,000 people across the five selected countries. **CONCLUSIONS:** The healthcare trends of Latin America appear to be changing alongside its rapid economic expansion; fewer clinical trials are being carried out in preventable, infectious diseases more commonly associated with poor healthcare availability and substandard living conditions, and there is an increasing focus on non-communicable diseases such as neoplasms, obesity and dementias.

PHP41
GOVERNANCE, DECISION-MAKING, AND UNIVERSAL HEALTH COVERAGE: PERCEPTIONS FROM CHILEAN HEALTH DECISION-MAKERS
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OBJECTIVES: To explore health decision-makers' perceptions on governance on decision-making process within the región de Los Ríosintegrated healthcare delivery network. **METHODS:** A descriptive and exploratory qualitative study base on in-depth interviews with health decision-makers from región de Los Ríosfrom June 2013 to December 2014 was conducted. A convenience sample of 11 health decision-makers was selected. A health decision-maker was defined as a health professional with a formal policy or managerial status whose primary responsibility would be formal leadership on decision-making (i.e. Health Service Director, and Hospitals Directors). The interviews were performed, recorded -previous signing of the informed consent- and transcript literally. The interviews' analysis was performed through the content analysis technique in its conventional approach, using ATLAS.ti qualitative software. **RESULTS:** For the health decision-makers, a meaning of governance applied to health systems and services is not conceived in a technical approach. Moreover, governance is neither perceived as a concept related to health nor universal health coverage. Politics was perceived as a key issue at designing and implementing health decision-making processes among the Chilean health systems. From a governance perspective, politics of health policy is perceived as a strong root for health decision-making in Chile. **CONCLUSIONS:** the Chilean case highlights is the paradox that establishing good enough governance to implement central initiatives with effective integrity might involve accountability measures that interfere with good administration.

PHP42
BRAZILIAN GUIDELINE FOR ACADEMIC DETAILING: A NEED TO IMPROVE HEALTH CARE
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OBJECTIVES: To develop a Brazilian Guideline on Academic Detailing (AD) – educational outreach visits to prescribers. The overall aim is to enhance the rational use of medicines and devices provided by the Brazilian National Health System (SUS). **METHODS:** This document was based on an extensive search of the literature, the AD experience of international organizations and the experience of a pilot project conducted by the SUS Collaborating Centre in Belo Horizonte, Brazil. A team of 15 researches, including facilitators and coordinators of AD Programs participated in the development of this Guideline. **RESULTS:** The Guideline provides an overview of the AD service that should be performed by a qualified and trained health professional (facilitator). To develop an AD Program a technical team composed of specialists on the subject to be addressed, researchers and interns should be formed. It is recommended that at least one coordinator manage the process, orient staff members, and conduct the training of facilitators. The process to develop and conduct an AD Program involves ten stages. Stage 1: Prospection and identification of problems; Stage 2: Definition of the AD purpose; Stage 3: Budget estimate, elaboration of schedule and technical team designation; Stage 4: Elaboration and purchase of the support material; Stage 5: Identification of prescribers and organization of visitation goals; Stage 6: Recruitment of facilitators and workshop training; Stage 7: Prescribers' visiting for AD; Stage 8: Release of the support material; Stage 9: Evaluation of results; Stage 10: Release of the results. **CONCLUSIONS:** A national Guideline is necessary to ensure the quality of AD service and the processes and outcomes that under pin it. The developed Guideline presents the main concepts of AD technique, examples of materials and forms necessary for documentation and evaluation of visits performance, and detailed information of each stage necessary to conduct an AD Program.

PHP43
STATE AND PROSPECTS OF PHARMACOECONOMICS TRAINING IN UKRAINE
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OBJECTIVES: Reforming experience of health care in Western countries (Canada, USA, UK and other European countries) demonstrates the need for standardization of medical and pharmaceutical care for population, taking into account the results of pharmacoeconomic analysis, it can reduce health care costs by 10-20 %.In Ukraine Prof. Olha Zalis'ka conducted theoretical bases and pharmacoeconomic analysis and creation of educational and methodical system of pharmacoeconomics for pharmacists during 1999-2003. **METHODS:** From 2003 the study of discipline "Pharmacoeconomics" was included in curriculum of pharmacists on specialty "Pharmacy" and "Clinical Pharmacy" and for postgraduate training of pharmacists in the specialty "Economy and management of pharmacy " and "General pharmacy "in Ukraine. **RESULTS:** Zalis'ka Olha defended doctoral thesis "The theoretical basis and practical use of Pharmacoeconomics in Ukraine " in 2004. It was published 5 manuals "Pharmacoeconomics" (2000), "The Bases of Pharmacoenomics (2002), 2007, 2014, which approved by Ministry of Health and Ministry of Education and Science of Ukraine for using of 20 pharmaceutical faculties of medical universities. In 2008 we created ISPOR Ukraine Chapter at the Danylo Halytsky Lviv National Medical University (www.ispor.org / local_chapter / Ukraine) . USPOR develops and implements the theoretical, practical and educational areas of pharmacoeconomics in Ukraine. To spread knowledge and increase access of local experts set up special website in ukrainian (www.uspor.org.ua), which presents the main domestic results. In the postgraduate training of pharmacists we use distance learning program (IDL), which are available in Ukrainian. **CONCLUSIONS:** We implemented the pharmacoeconomics in requirements of the "Concept of Pharmaceutical Sector of Health during 2011-2020", which claim the use of pharmacoeconomics methods in governmental programs, providing formulary system for in-patients.We work in MoH Commission of Ukraine which integrates the results of pharmacoeconomic studies into practice to determine the list of medicines for state programs for social health insurance.

HEALTH CARE USE & POLICY STUDIES – Health Technology Assessment Programs

PHP44
BENCHMARKING HEALTH TECHNOLOGY ASSESSMENT (HTA) AGENCIES FOR SETTING STANDARDS ON PHARMACOECONOMIC, PRICING, EVIDENCE, AND GENERAL SUBMISSION REQUIREMENTS: DEVELOPMENT OF A MULTIDIMENSIONAL RATING SCALE
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OBJECTIVES: To reliably and quantitatively benchmark Health Technology Assessment (HTA) agencies using a single global benchmarking system. **METHODS:** Literature search was conducted to identify surveys or reports evaluating different HTA agencies on a common scale. Using published literature, attributes deemed crucial for benchmarking HTA agencies were identified. In collaboration with clinical and actuarial experts, we developed a Likert scale to serve the basis for comparing key attributes of HTA submission process, i.e. pharmacoeconomic, pricing, evidence, and general submission requirements. **RESULTS:** Few publications have benchmarked HTA agencies against good practice and processes, with no published scale quantitatively assessing HTA agencies for attributes of submission requirements. Using identified literature and expert opinion, a unique Likert scale was developed with 77 questions. Each question were marked on a scale of 0-5, with higher score (4 or 5) indicating best practice or ease of accession and low score (0 or 1) indicating lack of guidance or difficulty in accession. As a limitation, each category may not have all options from 0-5. These 77 questions form 18 best practice principles, and in turn six functional domains, i.e. transparency, process, technical, equity, speed and implementation. Each domain has a unique significance: transparency - clear unbiased process, independent from health system; process - values innovation and prioritizes high value impact medicines; technical - defines and manages uncertainty to understand the totality of benefit; equity - takes into account full societal benefit and not just health costs; speed - delivers decisions in timely manner to meet innovation and timeliness; implementation - performs clear audit to ensure guidance is followed. **CONCLUSIONS:** Our scale provides a new approach to benchmark and differentiate HTA agencies in terms of adherence to best practice and ease of accession. Further research is required to consider individual market needs driving the HTA submission standards.

PHP45
ANÁLISIS DE VISIONES Y PERCEPCIONES DE POTENCIALES BENEFICIARIOS DE LA INSTITUCIONALIZACIÓN DE UN PROCESO DE EVALUACIÓN DE TECNOLOGÍAS SANITARIAS EN CHILE: UN ESTUDIO CUALITATIVO
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OBJECTIVOS: La implementación de un proceso de evaluación de tecnologías sanitarias (ETESA) en Chile ha visto un lento desarrollo durante los últimos 20 años. Recientemente el Ministerio de Salud de Chile ha elaborado una propuesta de institucionalización que podría acelerar la discusión social. Sin embargo, no existe